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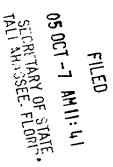
(Requ	estor's Name)	
(Addre	ess)	
(Addre	·ss)	
(City/S	itate/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Name)	·
(Docu	ment Number)	<u> </u>
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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J. Shivers OCT 11 2005

TRANSMITTAL LETTER

Division of Corporations						
SUBJECT: FLHP-QS, LLC						
(Name of Limited	Liability Comp	oany)				
The enclosed Articles of Organization and fee(s) are su						
Please return all correspondence concerning this matter	r to the followin	g:				
Kent Bjorklund		<u>-</u>				
()	lame of Person)					
Hayes Reid Development Group, Inc			·			
(F	Firm/Company)					
PO Box 470813						
	(Address)	······		•		
Celebration, Florida 34747-0813 (City/s	State and Zip Coo	le)	·····			
For further information concerning this matter, please	calĺ:					
	at (_407	997-1403				
(Name of Person)	(Area Co	de & Daytime Te	lephone Number)	4		
Enclosed is a check for the following amount:				SECRE	05 OCT - 7	
\$125.00 Filing Fee \$\infty\$130.00 Filing Fee & Certificate of Status	S155.00 l Certified Co (additional cop		☐ \$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us Mary	1-7 MII: 4	FILEU
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	-	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FLHP-QS, LLC		
ARTICLE II - Address:		
The mailing address and street ad	dress of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	·
3100 Parkway Blvd	PO Box 470813	
Kissimmee, Florida 34747	Celebration, Florida 34747-0813	
		*
ARTICLE III - Registered Age	nt, Registered Office, & Registered Agent's Sig	nature:
-		OS OC
-	nt, Registered Office, & Registered Agent's Sig	OS OC
The name and the Florida street a	nt, Registered Office, & Registered Agent's Sig	OS OC
The name and the Florida street a	nt, Registered Office, & Registered Agent's Sig ddress of the registered agent are: Jr. Name	OS OC
The name and the Florida street a Emest L. Reid,	nt, Registered Office, & Registered Agent's Sig ddress of the registered agent are: Jr. Name	OS OC
The name and the Florida street a Emest L. Reid,	nt, Registered Office, & Registered Agent's Sig ddress of the registered agent are: Jr. Name Blvd Florida street address (P.O. Box NOT acceptable)	05 06 TALL

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Registered Agents

Page 1 of 2

	ress of each Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Manager		
<u>MGRM</u>	Ernest L. Reid, Jr. 3100 Parkway Blvd Kissimmee, Florida 34747	— 1 m
MGRM	Thomas J. Hayes 3100 Parkway Blvd Kissimmee, Florida 34747	<u> </u>
<u></u>		-
(Use attachment if	necessary)	
REQUIRED SIG	Signature of a member or an authorized/representative of a member. (In accordance with section 608, 08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	FILED AMII: LI
	that the facts stated herein are true.) Ernest L. Reid, Jr. Typed or printed name of signee	· ·

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Filing Fees: